



Open Enrollment **2011**

September 13th through October 7th, 2010

2011 eBenefits ACORN ONLINE SYSTEM AVAILABLE

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The rates listed in this book are for full-time permanent employees. In order to be eligible for Placer County benefits, employees must work a minimum of 20 hours a week or 40 hours a pay period. Rates for employees with registered domestic partners or for part time permanent employees can be obtained by calling Personnel.

Rates are also posted at:

V:\Personnel\Benefits\2011 Benefits Forms and Rates

How Do I Make Changes?

Each year during the Open Enrollment period employees have an opportunity to enroll in the benefit plans and make changes to existing plans.

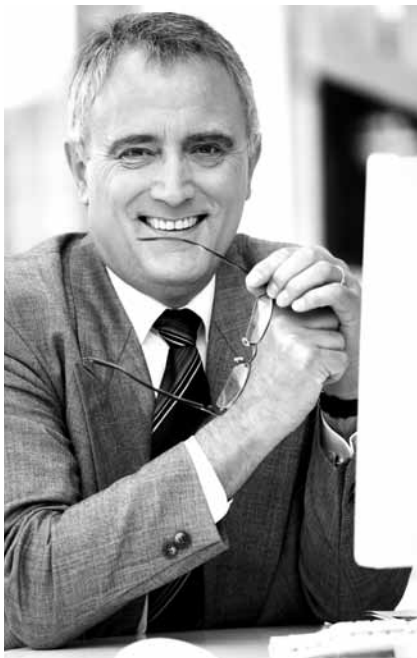
Placer County Open Enrollment begins Monday, September 13 and ends Thursday, October 7th, 2010 at 5:00 p.m.

During the 2011 Open Enrollment period, the plans available to enroll/change are: health, dental, vision, life insurance, accidental death & dismemberment (AD&D), deferred compensation 401(k) and 457 plans, the Flexible Benefit Program (which includes dependent care and the flex credit to 401(k) in-lieu of health coverage), and Long Term Disability.

Acorn Self Service

By using the eBenefits ACORN Payroll-Personnel system at <http://acorn>, you can review and elect your personal benefit choices and dependent/beneficiary information online. Instructions for using the eBenefits ACORN system are available on the **V:\Personnel\ Benefits\2011 Benefits Forms and Rates**.

With eBenefits ACORN Self Service you will also verify the changes you made during Open Enrollment.



While you make your changes, take a few minutes to review the online instructions to assure accurate completion and submittal of your enrollment and other documentation to Personnel.

Some changes do require additional forms (see page 4). You can access these forms on the County shared drive online at: **V:\Personnel**

Benefits\2011 Benefits Forms and Rates or eBenefits ACORN Self Service.

If you do not have personal access to a County computer, you can use any County workstation that



DEADLINE:

All changes **MUST** be completed by 5:00 p.m. Thursday, October 7th. Benefit selections and changes made during this period are effective January 1, 2011.

has County-wide access. Please see your department personnel representative for assistance.

Computer Kiosk

AUBURN

eBenefits ACORN Self Service computer kiosks are available at the following location if you have not been able to access a computer to review and/or print an enrollment statement to make changes to your benefit information:

WALK-IN

- **Placer County Personnel**
145 Fulweiler Avenue, Suite 200
Auburn, CA 95603

Benefit Changes *Outside of the Open Enrollment Period* . . .

Benefit changes outside of open enrollment may be done if you have a Family Status Change (FSC). Family status changes are as follows:

- Enrollment or changes to 401(k) in lieu of medical insurance flex credit, dental, vision, accidental death and dismemberment (AD&D), and Dependent Care may be made only within a 30-day period following a family status change (FSC, see examples below). Completed forms must be received within 30 days of the FSC.
- Health insurance changes may be made only within a 60-day period following a family status change (FSC). Completed forms must be received within 60 days of the FSC. Changes beyond 60 days will be subject to a 90-day waiting period from the date paperwork is received in Personnel.

NOTE:

Changes in medical will take effect the first of the month following the FSC and receipt of the completed enrollment forms by the Personnel Department.

All other benefits are effective 30 days from the FSC.

FSC – Family Status Changes

- Change in family status that affects coverage, such as: marriage, registered domestic partnership, divorce, birth/adoption of a child, or death.
- Change in employment status for you, your spouse or registered domestic partner that changes your eligibility.
- Change in employment status of your spouse or registered domestic partner causing a loss of coverage for you or your dependents.

The date of the FSC event determines benefit eligibility, if Personnel is not notified in a timely manner as described below, it may effect coverage begin dates for enrollment and you may be responsible for any services rendered for ineligible dependents.



2011 Open Enrollment Form & Document Requirements

Forms can be found on your ACORN Benefit Home Page under Benefits Forms and Documents or at: V:\Personnel\Benefits\2011 Benefits Forms and Rates.

All forms and documents must be submitted to Personnel by 5:00 p.m., Thursday, October 7, 2010. Please review this list carefully to make sure your enrollment is complete.

Any changes to health plans require a Declaration of Health Coverage form.

TYPE OF CHANGE	INFORMATION/FORMS REQUIRED
Add Spouse/ Domestic Partner (DP)	Full name/SSN/DOB/Domestic Partner Registration or Marriage Certificate <i>If HMO – physician selection form</i>
ILH (<i>In Lieu of Health Coverage</i>)	Verification of other health coverage, enrollment form for 401(k) and Declaration of Health Coverage form
Add child/step-child/ Dependent Children	Full name/Social Security Number must be provided/DOB
Economically Dependent Children	Full name/Social Security Number must be provided/DOB/ Affidavit of Eligibility for Economic Dependent Children
Enrollment with HMO*	Personal Physician Selection form
Any Changes to Health Plan	Declaration of Health Coverage
Dependent Care	FBMC Enrollment Form
Life Insurance	Need Application, approval subject to underwriting
Long Term Disability (LTD)	Complete online LTD Evidence of Insurability; approval subject to underwriting
401(k) / 457	New Enrollment - Need CalPERS/Hartford Enrollment Form

*If choosing either of the Blue Shield HMO Plan, you will need to complete the “Personal Physician Selection” form, which is located at Benefit Forms and Links and V:\Personnel\Benefits\2011 Benefits Forms and Rates.

CalPERS Health Plans Eligibility:

The Patient Protection and Affordable Care Act of 2010 has extended coverage to children of CalPERS health benefits subscribers up to age 26 effective January 1, 2011. You must enroll/re-enroll them during the 2011 plan year open enrollment period, September 13 through October 7, 2010. You may enroll your children whether previously enrolled or not, they are eligible, regardless of student status, even if they are married (however, their dependents are not eligible), and they do not need to live with you. Dependent coverage is available regardless of enrollment or availability of other employer sponsored health plans.

*Note: You must supply social security numbers for all new and existing dependents to be eligible for health coverage.

All Other Benefit Plans:

For all other plans eligibility remains the same as before; you may only enroll your unmarried, economically dependent children under age 23. Please verify that your dependents are still eligible for coverage and delete those that are not eligible.

Note:

Please note that CalPERS medical coverage is the only plan that children between the ages of 23 and 26 are eligible to participate.

What Is The Purpose Of A Benefit Fair?

This is an opportunity to gather information and meet representatives from the various CalPERS health plans, Delta Dental, Vision Service Plan, CalPERS Deferred Compensation, Hartford Deferred Compensation, Concern: EAP (Employee Assistance Program), and Lincoln Financial Group (Long Term Disability coverage).

WHEN AND WHERE IS THE BENEFIT FAIR?

Wednesday, SEPTEMBER 22, 11:00 A.M. to 2:00 P.M.

AUBURN • Justice Center, Community Room

2929 Richardson, Auburn, CA (DeWitt Center)

Who Should I Contact If I Have Benefit Questions Or Want To Make An Appointment?

If you have not been able to find the information you require on either the CalPERS website or in your Open Enrollment material, or at V:\Personnel\Benefits\2011 Benefits Forms and Rates, you can contact members of the Personnel Benefits Team to assist you by appointment.



To Make An Appointment To Meet With A Personnel Representative At The Following Locations

Call Benefit Hotline 530.889.4089. **Please leave your name, department and a number where you can be reached; we cannot leave benefits information on an answering machine.**

ROCKLIN

- **HHS**
Blue Oaks B Room
1000 Sunset Blvd.
Rocklin, CA
Tuesday September 28th, 2010
9:00 a.m. to 2:00 p.m

TAHOE

- **Administration Center**
565 West Lake Blvd.
Tahoe City, CA 96145
Tuesday September 29th, 2010
10:00 a.m. to 2:00 p.m.

When Will Premiums For 2011 Changes Be Deducted From My Paycheck?

Benefit premiums are deducted biweekly (each pay day) for 24 pay periods each year. Premiums for health insurance benefit changes will begin pay period #12 on pay date December 3, 2010. Premiums for all other benefit changes will begin pay period #16 on pay date January 28, 2011. Deductions for dependent care, 401(k) and 457 will begin pay period 15 on pay date January 14, 2011. Premiums for the Voluntary Supplemental Life Insurance and Long Term Disability are effective upon acceptance and approval by the insurance carrier. Pay periods #14, pay date December 30, 2010 and #3 pay date July 29, 2011 will not have benefit premium deductions.

What If I Don't Want To Make Any Changes?

Excluding the Dependent Care Program, if you do not make any changes at this Open Enrollment period you will continue with the same benefit elections that you have on the last day of the plan year (December 31st), along with any cost variations in applicable premium contributions. This is called an 'Evergreen Election.' However, you should go in to Acorn to verify you have the correct plans, coverage levels, dependents and beneficiaries

What If I Am Planning To Retire?

HEALTH INSURANCE

To be eligible for health benefits in retirement you must retire within 120 days of separation from Placer County. If you are not enrolled in a CalPERS health plan at retirement, you can enroll during any future Open Enrollment period by contacting CalPERS directly at 1-888-225-7377 (toll free).

You may enroll and also make changes to your CalPERS health plan within 60 days following your retirement date. The changes will be effective the first day of the following month after the submission of your forms.

DENTAL INSURANCE

If you are enrolled in dental insurance benefits at the time of your retirement you can elect to continue dental insurance coverage for yourself and any enrolled dependents. If you are not enrolled at retirement you will not be eligible to enroll at that time, but you may enroll during any future Open Enrollment period.

VISION INSURANCE

If you are enrolled in vision insurance benefits at the time of your retirement, you have the option to elect to continue vision insurance coverage for yourself and any enrolled dependents under COBRA for up to 36 months. If you and your dependents are not enrolled at retirement you will not be eligible to enroll at any time.



CalPERS Health Insurance Information

Major Plan Changes for 2011:

Please see your plan Evidence of Coverage (EOC) Booklet for specifics.

- Exclude coverage if Over the Counter medication is available.
- 50% co-insurance on lifestyle drugs.
- Exclude non-preferred brand from annual Out of Pocket Maximum calculation.
- Change co-pay for non-preferred brand medications to \$40 retail and \$75/ mail order
- Value-based purchasing centers for knee & hip replacement – maximum payment = \$30,000.
- \$250 co-pay for outpatient hospital in lieu of ambulatory surgery centers for spinal injections, gastrointestinal endoscopy and cataract surgery.
- \$250 co-pay for Bariatric surgeries.
- Medical premium rate schedules for the year 2011 are included in this booklet beginning on page 8. There are separate rate schedules for:
 - PPEO, Management & Confidential Employees
 - DSA Employees

All employees and dependents enrolling in a health plan will receive a medical ID card for use beginning January 1, 2011.

CalPERS Health Plan Chooser

A good source of information regarding health plans is the CalPERS Health Plan Chooser, available online at www.CalPERS.ca.gov. Here you will be able to review all the information that is important in choosing a health plan in ONE place.

Dental Insurance

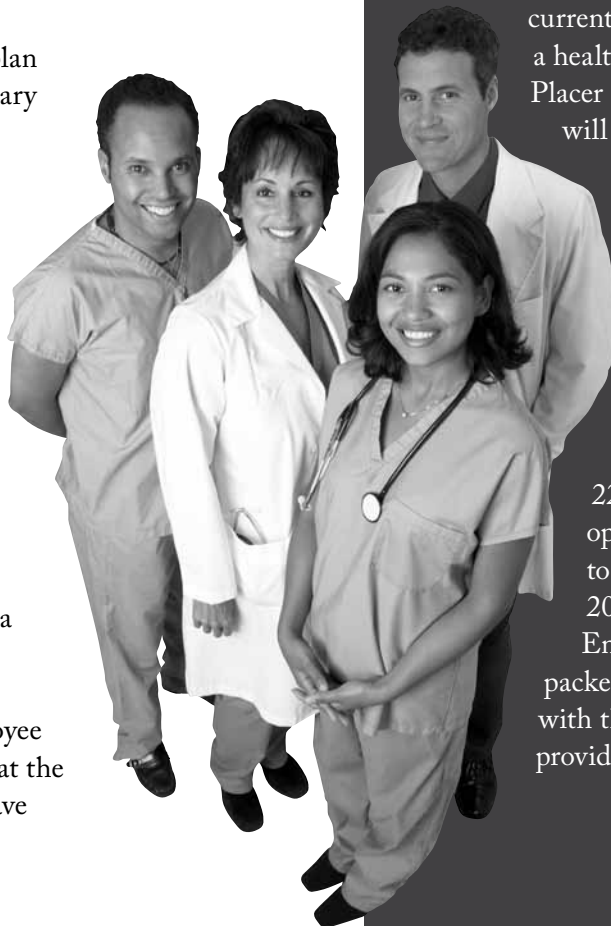
Delta Dental is the plan administrator. Visit the Delta Dental website at: www.deltadentalca.org for benefit eligibility and provider information. Placer County provides dental coverage for the employee at no cost. Dependents can be added to the coverage at the employee's expense. Pay periods #14 & #3 will not have deductions for dependent dental premiums.

NOTE:

This booklet provides general information about the benefits offered by Placer County. Major health benefit changes are outlined in this material, in the CalPERS 2011 Health Benefit Summary online at www.CalPERS.ca.gov/member or by attending the Benefit Fair on Wednesday, September 22, 2010.

If you are currently enrolled in a CalPERS health plan, you should have received a CalPERS Health Plan Statement that indicates your current coverage. It is important that you review the information carefully to determine if changes are needed for you and your family currently enrolled in a health plan with Placer County, you will NOT receive information from CalPERS.

The Benefit Fair, Wednesday September 22nd, is a great opportunity to pick up the 2011 Open Enrollment packet and meet with the plan providers.



2011 CalPERS Health Insurance Rates

PPEO, MGT, MGT SAFETY, CONFIDENTIAL		PAY PERIODS #1 - #26		
Effective Pay Period 12 Pay Date December 3, 2010		PAY PERIODS 14 & 3 ARE FREE		
		Per PP	Per PP	CALPERS
Health Plan AUBURN & TAHOE RATES	Plan Code	Employee Share	County Share	Total Biweekly Cost
HEALTH MAINTENANCE ORGANIZATIONS - HMO:				
BLUE SHIELD NET VALUE Employee Only	BS 0601	\$54.34	\$217.38	\$271.72
BLUE SHIELD NET VALUE Emp + 1 Dependent	BS 0602	\$108.69	\$434.75	\$543.44
BLUE SHIELD NET VALUE Emp + 2 Dep. or More	BS 0603	\$141.29	\$565.18	\$706.47
BLUE SHIELD Employee Only	BS 3011	\$61.14	\$244.56	\$305.70
BLUE SHIELD Emp + 1 Dependent	BS 3012	\$122.28	\$489.12	\$611.40
BLUE SHIELD Emp + 2 Dependents or More	BS 3013	\$158.96	\$635.85	\$794.81
KAISER Employee Only	KN 2821	\$52.65	\$210.58	\$263.23
KAISER Emp + 1 Dependent	KN 2822	\$105.29	\$421.16	\$526.45
KAISER Emp + 2 Dependents or More	KN 2823	\$136.88	\$547.51	\$684.39
PREFERRED PROVIDER ORGANIZATIONS - PPO:				
PERS-SELECT Employee Only	PS 0721	\$46.00	\$183.99	\$229.99
PERS-SELECT Emp + 1 Dependent	PS 0722	\$91.99	\$367.98	\$459.97
PERS-SELECT Emp + 2 Dependents or More	PS 0723	\$119.60	\$478.36	\$597.96
PERSCARE Employee Only	PC 3251	\$83.46	\$333.83	\$417.29
PERSCARE Emp + 1 Dependent	PC 3252	\$166.92	\$667.66	\$834.58
PERSCARE Emp + 2 Dependents or More	PC 3253	\$216.99	\$867.96	\$1,084.95
PERS-CHOICE Employee Only	PCh 3251	\$52.60	\$210.39	\$262.99
PERS-CHOICE Emp + 1 Dependent	PCh 3252	\$105.20	\$420.78	\$525.98
PERS-CHOICE Emp + 2 Dependents or More	PCh 3253	\$136.75	\$547.02	\$683.77
PORAC Employee Only *	PORAC 2071	\$52.90	\$211.58	\$264.48
PORAC Emp + 1 Dependent *	PORAC 2072	\$99.07	\$396.26	\$495.33
PORAC Emp + 2 Dependents or More *	PORAC 2073	\$125.86	\$503.46	\$629.32
In Lieu of Health			\$130.00	
*Safety Management Only - if members of PORAC				

Federal legislation known as the **Health Insurance Portability and Accountability Act** (HIPAA) allows employees who lose their other health insurance coverage to enroll in a CalPERS Health Plan. Employees and their dependents, **may** be eligible to enroll outside the Open Enrollment period but coverage may not be effective until the first of the month following a **90 day waiting period** depending upon the individual circumstances.

The rates listed here are based upon the Board of Supervisors' action of September 7, 2010.

2011 CalPERS Health Insurance Rates

DSA Auburn and Tahoe Areas		PERS Care frozen at 2007 ER Contribution level		
Effective Pay Period 12 Pay Date December 3, 2010		PAY PERIODS #1 - #26		
		PAY PERIODS 14 & 3 ARE FREE		
		Per PP	Per PP	CALPERS
Health Plan	Plan Code	Employee Share	County Share	Total Biweekly Cost
HEALTH MAINTENANCE ORGANIZATIONS - HMO:				
BLUE SHIELD NET VALUE Employee Only	BS 0601	\$54.34	\$217.38	\$271.72
BLUE SHIELD NET VALUE Emp + 1 Dep	BS 0602	\$108.69	\$434.75	\$543.44
BLUE SHIELD NET VALUE Emp + 2 Dep	BS 0603	\$141.29	\$565.18	\$706.47
BLUE SHIELD Employee Only	BS 3011	\$61.14	\$244.56	\$305.70
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PREFERRED PROVIDER ORGANIZATIONS - PPO:				
PERS-SELECT Employee Only	PS 0721	\$46.00	\$183.99	\$229.99
PERS-SELECT Emp + 1 Dependent	PS 0722	\$91.99	\$367.98	\$459.97
PERS-SELECT Emp + 2 Dependents or More	PS 0723	\$119.60	\$478.36	\$597.96
PERSCARE HAS FIXED COUNTY SHARE COST				
PERSCARE Employee Only	PC 3251	\$188.44	\$228.85	\$417.29
PERSCARE Emp + 1 Dependent	PC 3252	\$376.89	\$457.69	\$834.58
PERSCARE Emp + 2 Dependents or More	PC 3253	\$489.95	\$595.00	\$1,084.95
PERS-CHOICE Employee Only	PCh 3251	\$52.60	\$210.39	\$262.99
PERS-CHOICE Emp + 1 Dependent	PCh 3252	\$105.20	\$420.78	\$525.98
PERS-CHOICE Emp + 2 Dependents or More	PCh 3253	\$136.75	\$547.02	\$683.77
PORAC Employee Only	PORAC 2071	\$52.90	\$211.58	\$264.48
PORAC Emp + 1 Dependent	PORAC 2072	\$99.07	\$396.26	\$495.33
PORAC Emp + 2 Dependents or More	PORAC 2073	\$125.86	\$503.46	\$629.32
In Lieu of Health			\$193.67	

Federal legislation known as the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct (HIPAA) allows employees who lose their other health insurance coverage to enroll in a CalPERS Health Plan. Employees and their dependents, **may** be eligible to enroll outside the Open Enrollment period but coverage may not be effective until the first of the month following a **90 day waiting period** depending upon the individual circumstances.

Dental Insurance

Delta Dental is the plan administrator. Visit the Delta Dental website at: www.deltadentalca.org for benefit eligibility and provider information. Placer County provides dental coverage for the employee at no cost. Dependents can be added to the coverage at the employee's expense. Pay periods #14 & #3 will not have deductions for dependent dental premiums.



PPEO/DSA-

\$1,500 Annual Individual Coverage

PPEO-

\$1,500 Lifetime Orthodontia Coverage

DSA-

\$2,000 Lifetime Orthodontia Coverage

NOTE:

Major Treatment (crowns, bridges, dentures) will be excluded during the first year of coverage. Added dependents must be treatment free ninety (90) days prior to coverage and will only be covered for routine procedures during the first year.

Placer County's Dental Coverage contains a "non duplication of coverage" clause, which means that as secondary insurance, Delta Dental will not pay any balance over the County's plan allowance.

DSA

Dental Coverage 24 Pay Periods	Employee Share	County Share	Total Premium
Employee Only	\$0.00	\$23.00	\$23.00
Employee + Dependents	\$20.85	\$23.00	\$43.85

PPEO

Dental Coverage 24 Pay Periods	Employee Share	County Share	Total Premium
Employee Only	\$0.00	\$23.00	\$23.00
Employee + Dependents	\$30.00	\$23.00	\$53.00

Management And Confidential-

\$2,000 Annual Individual Coverage • \$2,000 Orthodontia Lifetime Coverage

Management & Confidential

Dental Coverage 24 Pay Periods	Employee Share	County Share	Total Premium
Employee Only	\$0.00	\$23.00	\$23.00
Employee + 1 dependent	\$15.93	\$23.00	\$38.93
Employee + family	\$30.00	\$23.00	\$53.00



Vision Insurance

Vision Service Plan is the plan administrator. Visit the VSP website at www.vsp.com for benefit and eligibility information. Placer County provides vision coverage for the employee at no cost. Dependents can be added to the coverage at the employee's expense. Pay periods #14 & #3 (calendar year 2011) will not have deductions for dependent vision premiums.

This is a three-tier plan option with a one-year lock in/lock out period.

Vision Coverage 24 Pay Periods	Employee Share	County Share	Total Premium
Employee Only	\$0.00	\$4.60	\$4.60
Employee + 1 dependent	\$7.10	\$4.60	\$11.70
Employee + family	\$12.68	\$4.60	\$17.28

NOTE: Dependent Vision enrollment must include all your eligible dependents.

Accidental Death & Dismemberment (AD & D)

Placer County provides employees Accidental Death & Dismemberment Insurance (AD&D) coverage at the \$10,000 benefit level at no cost. Additional benefit levels for the employee are available up to \$500,000. Dependent coverage is available for the spouse in benefit levels of \$10,000 to \$ 300,000 (not to exceed employee coverage) and for dependent children in amounts from \$5,000 to \$25,000.

Benefit amounts over \$250,000 cannot be greater than 10 times the employee's annual earnings.

Verify that your dependents are still eligible for coverage and delete those that are no longer eligible. Your spouse is eligible to **age 70**. Your unmarried dependent children under age 23 (if they are economically dependent) are eligible for coverage.

AD&D Rates

AD&D Benefit Level	Cost For Employee	Cost For Spouse	Cost For Children
\$500,000.00	\$7.50	N/A	N/A
\$450,000.00	\$6.75	N/A	N/A
\$400,000.00	\$6.00	N/A	N/A
\$350,000.00	\$5.26	N/A	N/A
\$300,000.00	\$4.50	\$6.00	N/A
\$250,000.00	\$3.75	\$5.01	N/A
\$200,000.00	\$3.00	\$4.00	N/A
\$150,000.00	\$2.26	\$3.00	N/A
\$100,000.00	\$1.50	\$1.99	N/A
\$75,000.00	\$1.13	\$1.50	N/A
\$50,000.00	\$0.75	\$1.00	N/A
\$25,000.00	\$0.38	\$0.50	\$0.50
\$10,000.00	\$0.00	\$0.22	\$0.22
\$5,000.00	N/A	N/A	\$0.11

Supplemental Term Life Insurance

Placer County provides a \$10,000 term life insurance policy to each employee without cost. You may apply for additional coverage throughout the year or at Open Enrollment. Employees may apply for supplemental coverage up to \$100,000. Spouse coverage is available up to \$50,000 and cannot exceed 1/2 of the employee's benefit coverage. You may also apply for child life. These premiums are not pre-taxed.

Additional life insurance coverage requires an application, proof of medical insurability and approval by the life insurance company.

Premiums for Voluntary Life Insurance are effective after approval by the life insurance carrier.



Monthly Premium Schedule For Employee Or Spouse

Coverage Amount	Spouse	Spouse - Employee		Employee Only	
	\$12,500	\$25,000	\$50,000	\$75,000	\$100,000
Age 0-34	\$1.50	\$3.00	\$6.00	\$9.00	\$ 12.00
35-39	\$2.00	\$4.00	\$8.00	\$12.00	\$ 16.00
40-44	\$3.25	\$6.50	\$13.00	\$19.50	\$ 26.00
45-49	\$5.50	\$11.00	\$22.00	\$ 33.00	\$44.00
50-54	\$9.75	\$19.50	\$39.00	\$ 58.50	\$78.00
55-59	\$16.75	\$33.50	\$67.00	\$100.50	\$134.00
60-64	\$17.75	\$35.50	\$71.00	\$106.50	\$142.00
65-69	\$28.75	\$57.50	\$115.00	\$172.50	\$230.00
Over 70	\$51.20	\$102.50	\$205.00	\$307.50	\$410.00

Monthly Premium Schedule For Dependent Children Rate Covers All Children (1 Or More)

COVERAGE AMOUNT	\$5,000	\$7,500	\$10,000
Age 15 days to 23 years	\$1.00	\$1.50	\$2.00

Long Term Disability Insurance (LTD)

Employer Paid Policy

Placer County provides the Long Term Disability (LTD) policy at no cost to employees who have 5 years of active service (10,400 hours) and who work a minimum of 20 scheduled hours per week. This coverage takes effect automatically when the necessary qualifying hours have been reached.

NOTE:

This benefit is available to PPEO, Management and Confidential employees. DSA represented employees are not eligible for this coverage.



Employee Paid Policy

Employees who have less than five years of active service (10,400 hours) and who work a minimum of 25 scheduled hours per week may purchase the Employee-Paid Long Term Disability Insurance (LTD). Cost is based upon your earnings and your age at the time of application. Future increases will be based upon your age, salary and plan experience.

Coverage Overview

The Long Term Disability policy, offered through Lincoln Financial, provides a monthly income of 60% of your monthly wages, to a maximum of \$6500, if you are unable to work for more than 1 year due to illness or injury. The policy will continue to pay up to age 65 as long as you are disabled. (Please see brochure & policy limits for detailed information).

Employee Paid LTD Rates	Age	Cost Per \$100 of Earnings
(Calculate your Estimated Semi-Monthly* LTD Premiums)	0-29	\$.16
	30-34	\$.22
	35-39	\$.27
	40-44	\$.39
	45-49	\$.54
	50-54	\$.74
	55-59	\$.90
	60-64	\$1.13
	65-69	\$.84
	70-74	\$.56
	75-99	\$.60

(1) Your Semi-Monthly Earnings: _____

(2) Divide by 100: _____

(3) Multiply by your Age Rate: _____

= Your Estimated Semi-Monthly Premium \$ _____

Example:
40yr. Old $\$1,000 \div 100 \times .39 = \3.90

*Earnings & Premium are based on 24 pay periods

Policy approval subject to underwriting by Lincoln Financial.

Flexible Benefit Program

This is a three-part program that can make a positive difference in your take home pay. Please keep in mind this program does have some restrictions and IRS rules require that changes must be made during Open Enrollment unless there is a Family Status Change as described on page 3.

Part 1 – Premium Conversion Is Automatic

This provision allows for the employee share of insurance premiums to be paid on a pre-tax basis for medical, dental, vision and AD&D.

Part 2 - Flex Credit 401(k) Plan

If you have other health insurance coverage, you may elect to take advantage of an employer contribution to your 401(k) savings plan on your behalf.

*See the 2011 Health Insurance Rate Sheet for the bi-weekly contribution amount. This amount is subject to a Social Security (FICA) deduction each per pay period. To participate in the Flex Credit 401(k), you will need to:

- Provide proof of other coverage. (A copy of your insurance card including your name is sufficient)
- Enroll online by selecting “401(k) Flex Credit Part 1” medical plan AND
- Enroll in a “401(k) ILH Flex Credit Part 2” savings plan; if you are not currently enrolled in either a CalPERS or Hartford 401(k) plan, you must complete an enrollment form and enroll online in ACORN.
- Complete the Medical CalPERS Eligibility form (Declaration of Health Coverage).

Part 3 - Dependent Care

If you have dependent care expenses such as childcare, or elder care, which are necessary for you to work, you may have these expenses deducted from your salary on a pre-tax basis. Certain IRS restrictions apply, but in general terms, you may set aside an amount from your biweekly salary to cover your dependent care expenses up to a maximum of \$5,000 per calendar year and not pay Social Security, Federal or State taxes on this amount. Approved expenses can be for: childcare, disabled dependent care and/or adult day care. To enroll, you must complete a FBMC dependent care form and enroll in the ACORN system.

Fringe Benefit Management Company (FBMC) administers the Dependent Care claims for employees. Employees submit their claims directly to FBMC and will be able to track the reimbursement online at www.myFBMC.com.

- Employees who are currently participating and who want to continue this option in 2011 MUST ELECT a new amount in ACORN for 2011 and complete an FBMC enrollment document.

QUESTIONS?

What do I need to do during Open Enrollment if I already have the 401(k) in lieu of health flex credit option?

If you wish to continue in this option for 2011, the new contribution will automatically be posted to your 401(k) account.

What if I want to discontinue this option and sign up for health benefits?

- Enroll online in a CalPERS health plan of your choice.
- WAIVE YOUR 401(k) ILH Flex Credit Part 2
- Complete the Medical CalPERS Eligibility Form (Declaration of Health Coverage).
- Coverage will be effective January 1, 2011.



NOTE:

Do not over-estimate your annual contribution; you will only be reimbursed for actual expenses and any unused funds are forfeited per IRS rules.

Benefit Contact List

Benefit	Provider	Group Or Id#	Telephone	Website
Deferred Compensation 401(k) – 620011 457 – 450323	CalPERS Sonia Burgarin	SS#	916-795-0891 800-260-0659	www.CalPERS.ca.gov then select: CalPERS Investments (457 only)
Deferred Compensation 401(k) – 150005 457 – 150004	HARTFORD Jason Hughes	SS#	888-811-4839	www.hartfordlife.com
Dental	Delta Dental	1985 SS#	800-765-6003	www.deltadentalca.org
Dependent Care	Fringe Benefits Management Company (FBMC)	SS#	800-342-8017	www.myfbmc.com
Employee Assistance Program	Concern: EAP	Placer	800-344-4222	www.blueshieldca.com
Health Plans HMO's	Blue Shield NetValue	PHO 01040	800-334-5847	www.blueshieldca.com
	Blue Shield – ACCESS+ Blue Shield Access PlusHMO	PHPH0001 SS#	888-568-3560	www.mylifepath.com
	Kaiser Permanente HMO	00003-20 SS#	800-759-0584	www.kaiserpermanente.org
Health Plans PPO's	PERS Select		877-737-7776	www.CalPERS.ca.gov
	PERSCare PPO	KB050A SS#	877-737-7776	www.CalPERS.ca.gov Select: For Members Then to: Health Benefits Program
	PERS Choice PPO	CB050A SS#	877-737-7776	www.CalPERS.ca.gov Select: For Members Then to: Health Benefits Program
	PORAC PPO	336684 SS#	800-288-6928	www.porac.org
Long-Term Care	CalPERS	SS#	800-925-6767	www.CalPERS.ca.gov Select: Long Term Care
Long-Term Disability	Lincoln Financial Group	01-001664 SS#	800-423-2765	www.jpfc.com
Retirement	CalPERS	#	888-225-7377	www.CalPARS.ca.gov
Vision	Vision Service Plan VSP	12168909 SS	800-877-7195	www.vsp.com

JUST A REMINDER!!!

Benefit Forms and Rates for 2011 can be found on the Placer County shared drive:
V:\Personnel\Benefits\2011 Benefits Forms and Rates.

Placer County Payroll Schedule

FISCAL YEAR 2010 - 2011

PAY PERIOD	PAY DATE
1 Jun 05 - Jun 18	Jul 01, 2010
2 Jun 19 - Jul 02	Jul 16, 2010
3 Jul 06 - Jul 16	Jul 30, 2010
4 Jul 17 - Jul 30	Aug 13, 2010
5 Jul 31 - Aug 31	Aug 27, 2010
6 Aug 14 - Aug 27	Sep 10, 2010
7 Aug 28 - Sep 10	Sep 24, 2010
8 Sep 11 - Sep 24	Oct 07, 2010
9 Sep 25 - Oct 08	Oct 22, 2010
10 Oct 09 - Oct 22	Nov 05, 2010
11 Oct 23 - Nov 05	Nov 19, 2010
12 Nov 06 - Nov 19	Dec 03, 2010
13 Nov 20 - Dec 03	Dec 17, 2010
14 Dec 04 - Dec 17	Dec 30, 2010
15 Dec 18 - Dec 31	Jan 14, 2011
16 Jan 01 - Jan 14	Jan 28, 2011
17 Jan 15 - Jan 28	Feb 10, 2011
18 Jan 29 - Feb 11	Feb 25, 2011
19 Feb 12 - Feb 25	Mar 11, 2011
20 Feb 26 - Mar 11	Mar 25, 2011
21 Mar 12 - Mar 25	Apr 08, 2011
22 Mar 26 - Apr 08	Apr 22, 2011
23 Apr 09 - Apr 22	May 06, 2011
24 Apr 24 - May 07	May 20, 2011
25 May 07 - May 20	Jun 03, 2011
26 May 21 - Jun 03	Jun 17, 2011

FISCAL YEAR 2011 - 2012

PAY PERIOD	PAY DATE
1 Jun 04 - Jun 17	Jul 01, 2011
2 Jun 18 - Jul 01	Jul 15, 2011
3 Jul 02 - Jul 15	Jul 29, 2011
4 Jul 16 - Jul 29	Aug 12, 2011
5 Jul 30 - Aug 12	Aug 26, 2011
6 Aug 13 - Aug 26	Sep 09, 2011
7 Aug 27 - Sep 09	Sep 23, 2011

Free Pay
Period

^ = Changed due to holiday or MTO on Pay Day

Health Plan Changes

Free Pay Period

Dependent Care, 401(k), 457
Vision & Dental

Glossary Of Terms

AD&D	Accidental Death & Dismemberment
CFRA	California Family Rights Act
Registered Domestic Partner	<p>As defined by California Family Code Section 297(a), there are six requirements that must be met at the time the Declaration of Domestic Partner is filed with the California Secretary of State.</p> <p>For more information on registered domestic partnerships, go to the Secretary of State's website at www.ss.ca.gov.</p> <p>For additional information on how the expanded domestic partner law affects your CalPERS retirement benefits and options, go to the CalPERS website at www.CalPERS.ca.gov.</p>
DSA	Deputy Sheriffs Association
EAP	Employee Assistance Program
EOC	Evidence of Coverage
FBMC	Fringe Benefit Management Company
FMLA	Family Medical Leave Act
FSC	Family Status Change
HMO	Health Maintenance Organization
ILH	In Lieu of Health
LTC	Long Term Care
LTD	Long Term Disability
PCP	Primary Care Provider
PORAC	Peace Officers Research Association of California
PFL	Paid Family Leave
PPEO	Placer Public Employees Organization
PPO	Preferred Provider Organization
SDI	State Disability Insurance
VSP	Vision Service Plan